



## REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2017–2022

### VERMONT FAMILY RECOVERY PROJECT

**LEAD AGENCY:** Lund Family Center, Inc.

**TARGET SERVICE AREA:** Orleans and Chittenden counties

**LOCATION:** Burlington, VT

**ADMINISTRATION FOR CHILDREN AND FAMILIES REGION:** 1

**CONGRESSIONAL DISTRICT SERVED:** VT-All

### BRIEF PROGRAM DESCRIPTION

**PROGRAM DESCRIPTION:** Lund's Vermont Family Recovery Project (VTFRP) is using a multigenerational, family-centered, trauma-informed, strengths-based approach to support families referred by the Department for Children and Families (DCF)—Family Services Division. Two VTFRP teams composed of a clinician and a family engagement specialist are providing family-centered, home-based services including intensive case management; connection and support for substance use disorder treatment and recovery services; family therapy; McGill Action Planning; and Attachment, Regulation, and Competency (ARC) clinical care to support families and increase stability and well-being for all family members.

The VTFRP established a regional partnership to strengthen systems of care in the project regions; support families where substance use places children at risk for out-of-home placement, including families with an open Family Support or in-home Conditional Custody order; and disseminate insights learned from VTFRP to stakeholders statewide.

**TARGET POPULATION:** Lund's target population is families at high risk for child abuse and neglect with one parent or caregiver struggling with substance use and at least one child under age 12 at risk of out-of-home placement.

**PROJECTED NUMBERS SERVED:** The program is serving 360 families over the five-year grant period.

### MAJOR PROGRAM GOALS

**GOAL 1:** Improve child safety, permanency, and well-being.

**GOAL 2:** Improve stability in recovery.

**GOAL 3:** Improve communication and collaboration.

### KEY PROGRAM SERVICES

- Attachment, Regulation and Competency Model
- Coordinated Case Management
- Cross-systems clinical training on substance use, child welfare, and related clinical issues
- Family-Centered Treatment
- Family Group Decision-Making
- Family Functioning Screening
- Strengthening Families Program
- McGill Action Planning System
- Outpatient Treatment

## PARTNER AGENCIES AND ORGANIZATIONS

- Vermont Department for Children and Families—Family Services Division
- Agency of Drug and Alcohol Programs
- Medication-Assisted Treatment—Hub and Spoke providers
- Community-based health providers
- Community Health Center
- Parent Child Center Network
- Community-Based Housing Authorities
- Vermont State Housing
- Champlain Housing Trust
- Community-Based Family Homeless Shelter Providers
- Vermont Department for Children and Families, Economic Services Division
- Crime Research Group, Inc.

## EVALUATION DESIGN

The grantee's local evaluation includes an impact study and a process and collaboration study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

### IMPACT STUDY DESIGN

The grantee is using a quasi-experimental design (QED) to examine the impact of its RPG services. The comparison groups for the QED are being drawn from the St. Johnsbury and St. Alban's DCF office. Members of the program group were receiving<sup>1</sup> regular home visits from a two-person family recovery team, including a family engagement specialist and a licensed clinician. The team constructs a detailed action plan after an intensive assessment process and uses it to structure home visits. The family engagement specialist acts as a caseworker and service coordinator, and the clinician will deliver the ARC model. Members of the comparison group are receiving business-as-usual services, which include periodic check-ins from DCF caseworkers and referrals to other service providers in the area.

The duration of service delivery is not concretely defined for either program or comparison groups but will depend on necessity and the family's continuing service usage. The study team anticipates that an average program family will participate in VTFRP for about five months.

Data sources include administrative data and information collected by data collectors using standardized instruments and interviews with program participants. Evaluation staff are partnering with DCF in Burlington, Newport, St. Albans, and St. Johnsbury to collect administrative data for both the program and comparison groups. Data is being collected at four time points: (1) when families begin services (baseline), (2) when families complete services, (3) 3 months after services end months after baseline, and (4) six months after services end. For the program groups, the baseline and 3-month follow-up surveys are administered by the two-person family recovery teams, whereas the 6- and 12-month follow-up surveys are sent via mail/email or phone.

### PROCESS AND COLLABORATION STUDY DESIGN

In the process study, the grantee is examining the extent to which implementation took place as planned. The process evaluation is focused on the conceptualization, planning, and implementation of VTFRP. The grantee is also assessing the integrity of implementation, identifying strengths and weaknesses, noting barriers to implementation, and assessing

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<sup>1</sup> COVID-19 procedures reduced in-home visits; however, outside visits and telehealth are continuing at the same level of interaction.

collaboration among partners. Data sources include program documentation, progress notes, meeting notes, client assessments, caseworker records, training materials, and interviews with stakeholders and staff.

## **SUSTAINABILITY STRATEGIES AND ACTIVITIES**

***Sustainability Approach:*** Lund is seeking opportunities to sustain central project activities by involving state partners from the beginning of planning and by ensuring that potential funding sources are provided with data describing the impact of the project and positive outcomes for families. By including state leaders on the steering committee, Lund hopes to engender the leadership-level buy-in needed to access future funding through state resources.

***Institutionalizing Strategies:*** Through VTFRP's training activities, clinicians and partners including DCF case staff are receiving training in ARC and McGill Action Planning (MAPS) approaches, which can be used in their work with vulnerable families across the state. In the way that key activities from Lund's RPG Round 1 funding were ultimately institutionalized on a statewide scale, Lund anticipates that the VTFRP evaluation will produce a significant case for future public funding.

***Additional Funding:*** Some clinical services may become billable under Medicaid or other mechanisms such as the Families First Prevention Services Act. Strong evidence of the success of the home-based model and other outcomes may enable Lund to propose a modification of the state's Medicaid plan in a future Affordable Care Act authorization.

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